



## **Emergency (COVID-19) Pandemic Plan**

### **Purpose**

The primary purpose of the Empowered Community Services (Empowered) Covid Pandemic Plan is to provide guidance to Empowered staff on how to effectively prepare for and respond to a Pandemic, in order to minimise the adverse health impacts on Empowered staff, participants, stakeholders and reduce the burden and disruption to service provided to participants.

The Plan is intended to be flexible enough to provide guidance on the response to a large outbreak of any highly transmissible respiratory pathogen with significant morbidity and mortality.

### **Mandatory requirements**

All staff are made aware of the plan pandemic plan and copies are available through the office and online through our customer reference manager.

### **Implementation**

Preparing for and responding to a pandemic is the responsibility of the Managing Director and the Human Resource Manager.

### **Responsibilities**

The Managing Director and Human Resource Manager are responsible for approving and monitoring the implementation of this plan.

#### **The Managing Director is responsible for ensuring that:**

- All staff are aware of and understand their obligations and responsibilities in relation to the Pandemic Plan
- All employees have been provided with a copy of the Empowered Pandemic Plan

#### **The Human Resource Manager is responsible for ensuring that:**

- All staff comply with the Pandemic Plan

## **Employees, volunteers and students are responsible for ensuring that:**

- They are aware of and understand the Empowered Pandemic Plan
- Must seek further clarification if they do not understand anything in this document
- Follow all instructions from management related to the Empowered Pandemic Plan

## **Introduction**

This is the Empowered Community Services Pandemic Plan. The plan provides a framework to aid Empowered Community Services in response to a pandemic and to outbreaks of other respiratory pathogens with pandemic potential. The plan is always 'active'. This plan provides a strategic outline of a range of possible Empowered response activities that will need to be tailored during a pandemic response.

A pandemic will have a sustained impact over many months and a specific pandemic plan and different organisational arrangements drawing on existing public health systems are required. The aim is to ensure overall management of services whilst responding to the pandemic.

## **This plan will be reviewed:**

- On conclusion of an emergency during which this plan was implemented
- On the introduction of any major structural, organisational or legislative changes which affect Empowered Community Services
- Every three years

## **Covid-19**

COVID-19 is a new strain of coronavirus that has not been previously identified in humans. It was first identified in Wuhan, Hubei Province, China, where it has caused a large and ongoing outbreak. It has since spread more widely in China. Cases have since been identified in several other countries. The COVID-19 virus is closely related to a bat coronavirus.

Human coronaviruses are spread from someone infected with COVID-19 virus to other close contacts with that person through contaminated droplets spread by coughing or sneezing, or by contact with contaminated hands, surfaces or objects. The time between when a person is exposed to the virus and when symptoms first appear is typically 5 to 6 days, although may range from 2 to 14 days. For this reason, people who might have been in contact with a confirmed case are being asked to self-isolate for 14 days.

## **Symptoms**

Patients may have fever, cough, runny nose, shortness of breath and other symptoms. In more severe cases, infection can cause pneumonia with severe acute respiratory distress.

## Prevention

**There's currently no vaccine to prevent coronavirus disease (COVID-19).**

- Wash your hands regularly for 20 seconds, with soap and water or alcohol-based hand rub
- Cover your nose and mouth with a disposable tissue or flexed elbow when you cough or sneeze
- Avoid close contact (1 meter or 3 feet) with people who are unwell
- Stay home and self-isolate from others in the household if you feel unwell
- **DO NOT** touch your eyes, nose, or mouth if your hands are not clean

## Key aspects of Empowered Community Services response

### Objectives of the response

The key objectives of the pandemic response at Empowered Community Services are to;

- Minimise transmission of the pandemic virus throughout our service
- Inform, engage and empower our service and the people we support to assist in the response to the pandemic

### Planning assumptions and the scenarios

Empowered response to the pandemic will need to be flexible for a range of pandemic scenarios dependent on the clinical severity of infection caused by the pandemic virus, as summarised in Table 1.

**Table 1**

<b>Level of clinical severity</b>	<b>Potential population health impacts</b>	<b>Potential health sector response measures/considerations</b>
<b>Low</b> E.g. pandemic virus causing mild illness with impact similar to a severe influenza season	<ul style="list-style-type: none"><li>• Majority of cases have illness of mild to moderate severity</li><li>• At-risk groups may experience severe disease and death</li></ul>	<ul style="list-style-type: none"><li>• Early communications to stakeholders and staff to inform and provide practical risk reduction measures</li><li>• Close engagement with other levels of management, stakeholders about appropriate response strategies</li></ul>
<b>Medium</b> E.g. Covid virus causing mild to moderate illness in most but severe illness for different groups across the state	<ul style="list-style-type: none"><li>• Clinical presentations for influenza-like illness above what is expected for a severe influenza season</li></ul>	<ul style="list-style-type: none"><li>• Social distancing measures to be introduced</li><li>• Early and frequent communications for the community and at-risk groups regarding response strategies</li></ul>

	<ul style="list-style-type: none"> <li>• More severe disease and deaths in at-risk groups and young people</li> <li>• Healthcare staff absences may be high</li> </ul>	<ul style="list-style-type: none"> <li>• Consider implementing additional surge/demand management actions, such as delaying or reducing non-urgent supports, additional staffing, and alternative models of care</li> <li>• Work with other stakeholders to control the spread.</li> </ul>
<b>High</b> E.g. pandemic virus causing severe illness across the state	<ul style="list-style-type: none"> <li>• The number of cases for Covid-like illness may be very high in the population</li> <li>• Majority of cases in the community may experience severe illness</li> <li>• Death rates may be high for at-risk groups</li> </ul>	<ul style="list-style-type: none"> <li>• Social distancing measures continued to be reinforced</li> <li>• Strong coordination and prioritisation to ensure essential services are continued</li> <li>• Priority on supporting the services of at-risk groups</li> <li>• Cancellation of all unnecessary supports.</li> </ul>

### **Governance arrangements**

Existing emergency management arrangements described in the Empowered Community Services Governance Policy and are available on the Empowered Customer Reference Manager.

Below summarises the key Empowered governance arrangements at Empowered during a pandemic.

#### **The Managing Director is responsible for ensuring that:**

- All staff are aware of and understand their obligations and responsibilities in relation to the Pandemic Plan
- All employees have been provided with a copy of the Empowered Pandemic Plan

#### **The Human Resource Manager is responsible for ensuring that:**

- All staff comply with the Pandemic Plan

### **Pandemic stages and key response strategies**

#### **Prevention**

The period prior to the identification of a pandemic strain affecting humans is an important time to enforce existing hygiene practices systems and ensure they are known

## **Preparedness**

Pandemic response capacity relies on, and builds upon, seasonal flu response measures embedded in the health system. This includes robust infection control practices (such as handwashing, respiratory etiquette) and routine

## **Recovery**

The Managing Director will have a primary responsibility during the recovery stage. All senior staff will work together during the stages of recovery to reimplement services and adjust accordingly.

This is an important stage to conduct intra- and interagency evaluations and lessons learnt exercises and incorporate these lessons into future plans and strategic policies

Auditing and replenishing stockpiles of essential personal protective equipment is also a key activity during the recovery stage.

## **Communication**

Timely and accurate communication with participants, carers, families and stakeholders, government agencies and industry will assist with maintaining a coordinated and controlled response to a pandemic.

As supports are scaled back, reduced and removed they will need to be effectively communicated to all associated parties. It is important to share updates through email, social media as well as directly to effected individuals.

A pandemic can result in a large surge of inbound calls from the public to Empowered land lines. All senior levels of management are urged to assist when communicating changes as a result of the pandemic.

Some culturally and linguistically diverse populations will require tailored and clear messages to address specific health concerns

## **Communication from the NDIS**

It is the responsibility of the Managing Director to liaise closely with the NDIS and implement changes as a direct result from the pandemic. This will ensure that the provision of support is adequate and meets NDIS guidelines.

## **Mitigation of transmission**

The overall aim of infection control measures is to reduce exposure to and transmission of a pathogen. There is good experimental evidence to demonstrate that Covid-19 is transmitted

directly through infectious droplets (i.e. from coughing and sneezing) or indirectly through contact with surfaces contaminated by respiratory droplets (e.g. skin, clothing or objects). The risk of transmission can be greatly decreased by;

- Individual measures (e.g. hand hygiene and respiratory etiquette)
- Appropriate use of standard, contact and droplet infection control precautions
- Appropriate use of PPE (e.g. gloves, gowns, eye protection and respiratory protection, as appropriate)
- Organisational environmental measures, including signage; triaging and participant management; increased environmental cleaning; and staff vaccination when available

### **Community Resources**

Communication materials (e.g. pamphlets, online factsheets, mass media advertisements, social media campaigns and signage) in community settings can be effective tools for promoting good infection control practices in the community.

### **Social Distancing**

Social distancing is a community-level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout society. Minimising the number of contacts of an infectious case can help reduce transmission of the pandemic virus. The implementation of social distancing measures in throughout service would depend on the timing and stage of the pandemic response, along with the transmissibility and clinical severity of the pandemic virus.

### **Staff management**

A number of inter-related workforce issues have been identified as being particularly pertinent during a pandemic, including:

- The levels of personal protection deemed acceptable by Support Workers
- Infection control and disease control issues directly impacting upon staff availability (such as quarantine of exposed workers)
- The availability of sufficient staff, including recruitment, retention and equitable allocation issues
- The capacity to support staff in preparing for, responding to and recovering from a pandemic

Absenteeism levels will vary according to the severity, duration and timing of the pandemic. However, Empowered should prepare contingency human resource plans in the event of high levels of absenteeism including the usage of external staffing agencies.

### **Human resource plans should:**

- Advise staff that they may be called upon at short notice to temporarily work different hours, in a different location or in a different way
- Ensure staff are aware that requests for flexibility on their part will be made with regard to appropriate use of their skills and their award conditions
- Determine minimum staffing levels sufficient to safely maintain services
- Identify part-time staff who can work additional hours
- Identify staff who are prepared to defer annual or long service leave
- Identify casual staff who can work additional hours (while at the same time appropriately managing worker fatigue)
- Identify displaced employees or those on 'return to work' plans who can be deployed
- Identify staff who have recently left the organisation and who can be temporarily engaged
- Identify staff who can provide non-clinical support and can be redeployed
- Identify agency resources which can be called upon
- Identify a manager/s and support staff to coordinate planning, communication, resource management and the orientation of staff.

All staff in senior levels of management of Empowered have a duty of care for staff under Work Health and Safety legislation to ensure that the exposure of healthcare workers to Covid is minimised, such as through appropriate infection control measures and use of PPE. Managers must ensure that all work health and safety risks are assessed and documented, in line with obligations under legislation.

### **Education and Training**

The Managing Director and The Human Resource Manager will be responsible for regular delivery of staff education and training and for ensuring staff meet training requirements for pandemic preparedness and response as appropriate.

### **At Risk Groups**

Empowered acknowledges that some population groups will be at risk of severe morbidity or mortality from a pandemic virus. Depending on the clinical epidemiology of the pandemic virus, at-risk groups may include older people, people with chronic conditions, pregnant women and Aboriginal people.

## **Frequently Asked Questions**

### **How is COVID-19 diagnosed?**

Infection with COVID-19 is diagnosed by finding evidence of the virus in respiratory samples such as swabs from the back of the nose and throat or fluid from the lungs. Samples for

testing can be taken directly by GPs or at a range of private pathology sites across the state that are suitable for collection of COVID-19, or at public hospitals across NSW.

### **What should I do if I come into contact with a person with COVID-19?**

If you have been identified as a contact of a person with confirmed COVID-19 infection in Australia, the local public health unit will contact you with advice. You need to isolate yourself at home for 14 days after contact with the infected person, and to monitor your health and report any symptoms.

Person to person spread of coronaviruses generally occurs between people who are close contacts with one another. A close contact is typically someone who has been face to face for at least 15 minutes, or been in the same closed space for at least 2 hours, with a person that was infectious. The public health unit will keep in touch with people who are close contacts of patients with COVID-19 infection. If any symptoms develop contacts must call the public health unit to report those symptoms.

If your contact with the person was less than this, there is a much smaller risk of you being infected. However, as a precaution you must still monitor your health until 14 days after you were last exposed to the infectious person. If you develop symptoms including a fever and/or respiratory signs, please call ahead to talk to a doctor or call health direct on 1800 022 222. Tell your doctor that you have been in contact with someone with COVID-19. The doctor may tell you to attend your nearest emergency department – if so when you arrive, immediately tell staff you have had contact with someone with COVID-19.

### **Practice simple hygiene by:**

- making sure to clean your hands thoroughly for at least 20 seconds with soap and water, or use an alcohol-based hand rub
- cover your nose and mouth when coughing and sneezing with tissue or a flexed elbow

### **What should I do if I come into contact with a person who has been identified as a contact?**

If you have been in contact with a person identified as a close contact of another person with confirmed COVID-19 infection, you do not need to self-isolate (although the close contact does) and don't need take any other special precautions.

If a close contact develops symptoms and is confirmed as a COVID-19 case, public health authorities will determine who, if anyone, has been in close contact with them while they were infectious, and these people will be directed to self-isolate.

### **Who is most at risk?**

In Australia, the people most at risk of getting COVID-19 coronavirus infections are those who have:

- Recently returned from overseas, particularly from mainland China, Iran, Italy or Korea
- Been in close contact with someone who has been diagnosed with COVID-19.

**There is also evidence of limited spread of COVID-19 in the community in Australia. Based on what we know so far about COVID-19 and what we know about other coronaviruses, those at greatest risk of serious infection are;**

- People aged 65 years and over
- Aboriginal people (as they have higher rates of chronic illness)
- People with chronic medical conditions, such as lung disease, heart disease, kidney disease, neurological conditions and diabetes
- People with impaired immune systems (such as people who have cancer or HIV, or who take high dose corticosteroids)

**People living in group residential settings are at greater risk of being exposed to outbreaks of COVID-19 if a case is diagnosed in a resident or staff member. This includes:**

- People living in residential aged care facilities and disability group homes
- People in detention facilities
- Students in boarding schools
- People on Cruise Ships

People living in some group residential settings are also more likely to have conditions that make them at greater risk of serious COVID-19 infection.

### **I'm pregnant, should I be worried?**

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is the peak body for obstetrics and gynaecology and women's health in Australia and New Zealand. RANZCOG has updated its advice and information for pregnant women and their families about COVID-19.

### **How is it prevented?**

Some simple measures significantly reduce the risk of catching COVID-19 and of spreading it;

- Clean your hands with soap and water for 20 seconds or use an alcohol-based hand rub/sanitiser
- Cover your nose and mouth with a tissue when coughing and sneezing or use your elbow, not your hands
- Avoid close contact with people unwell with cold or flu-like symptoms and stay home if you have these symptoms
- Avoid touching your face and avoid shaking hands with others

- Try to maintain a distance of 1.5 metres from others as much as possible, and avoid crowded places

### **Is there a cure or vaccine?**

There are no vaccines that protect against COVID-19. There is no specific treatment for COVID-19. Early diagnosis and general supportive care are important. Most of the time, symptoms will resolve on their own. People who have serious disease with complications can be cared for in hospital.

### **Has my doctor been informed?**

Health workers in NSW public hospital emergency departments as well as community-based general practitioners are aware of the symptoms and actions to take to prevent the spread of COVID-19 through careful infection control measures.

### **What if I am unable to speak to my doctor?**

If you are after medical advice and your general practitioner is not able to speak with you, you can call health direct on 1800 022 222. They will be able to discuss your symptoms and travel history with you, to help decide if COVID-19 testing is recommended.

### **How do I get tested for COVID-19?**

NSW Health is recommending people with acute, cold, flu-like symptoms who are returned travellers, or a contact of a confirmed case, be tested for COVID-19.

Samples for testing can be taken directly by GPs or at a range of private pathology sites across the state that are suitable for collection of COVID-19, or at public hospitals across NSW.

COVID-19/Flu clinics are being established within all Local Health Districts across NSW to assess and diagnose patients with possible COVID-19 infections and other respiratory illness such as influenza as we approach the winter season.

NSW Health is also expanding the laboratory capacity across public hospitals and private laboratories to scale up the analytical testing to determine the results of those tests.

Currently, NSW Health laboratories have capacity to perform more than 1,000 tests a day at three public hospitals at Randwick, Westmead, and Liverpool, and they will soon be joined by four more hospitals: Royal North Shore, Royal Prince Alfred, John Hunter, and Nepean.

NSW Health has already engaged private pathology laboratories to assist in the collection of samples from people who require COVID-19 testing.

Testing is recommended for all returning overseas travellers who develop symptoms within 14 days of return, contacts of cases who develop symptoms, people admitted to hospital with severe respiratory infection irrespective of travel history, other special circumstances such as where there is an outbreak of respiratory infections without an identified cause such as flu.

This testing can take up to two days to complete and report back.

## **What is the difference between COVID-19 and the flu?**

The first symptoms of COVID-19 and influenza (flu) infections are often very similar. They both cause fever and similar respiratory symptoms, which can then range from mild through to severe disease, and sometimes can be fatal. Both viruses are also transmitted in the same way, by coughing or sneezing, or by contact with hands, surfaces or objects contaminated with the virus. As a result, the same public health measures, such as hand hygiene (hand washing), good respiratory etiquette (coughing into your elbow or into a tissue and immediately disposing of the tissue) and good household cleaning are important actions to prevent both infections.

The speed of transmission is an important difference between the two viruses. Influenza typically has a shorter incubation period (the time from infection to appearance of symptoms) than COVID-19. This means that influenza can spread faster than COVID-19. While the range of symptoms for the two viruses is similar, the fraction with severe disease appears to be higher for COVID-19. While most people have mild symptoms, approximately 15% of people have severe infections and 5% require intensive care in a hospital ICU. The proportions of severe and critical COVID-19 infections are higher than for influenza infections.

## **I have travelled to another country. What should I do?**

If you have been overseas in the last 14 days, you should:

- Self-isolate yourself from others for 14 days from the day you returned or arrived from overseas and monitor yourself for symptoms
- If you develop a fever or respiratory symptoms, please: call your doctor or health direct on 1800 022 222. When you call, tell them where you have travelled or if you have been in contact with a confirmed case or (if your symptoms are severe) visit your local Emergency Department. When you arrive, immediately tell staff where you have travelled or if you have been in contact with a confirmed case

If you have symptoms it is important that don't go to work, school/university/childcare, the gym, or public areas, and you should not use public transport, taxis, or ride-sharing services. If you need to seek medical care wear a surgical mask if available when attending. You should not use public transport, taxis, or ride-sharing services to get to your doctor or emergency department.

## **What should I do if I come into contact with a person with COVID-19?**

If you have been identified as a contact of a person with confirmed COVID-19 infection in Australia, the local public health unit will contact you with advice. You need to isolate yourself at home for 14 days after contact with the infected person, and to monitor your health and report any symptoms.

Person to person spread of coronaviruses generally occurs between people who are close contacts with one another. A close contact is typically someone who has been face to face

for at least 15 minutes, or been in the same closed space for at least 2 hours, with a person that was infectious. The public health unit will keep in touch with people who are close contacts of patients with COVID-19 infection. If any symptoms develop contacts must call the public health unit to report those symptoms.

If your contact with the person was less than this, there is a much smaller risk of you being infected. However, as a precaution you must still monitor your health until 14 days after you were last exposed to the infectious person. If you develop symptoms including a fever and/or respiratory signs, please call ahead to talk to a doctor or call health direct on 1800 022 222. Tell your doctor that you have been in contact with someone with COVID-19. The doctor may tell you to attend your nearest emergency department – if so when you arrive, immediately tell staff you have had contact with someone with COVID-19.

### **References**

<http://cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/Coronavirus-COVID-19/Information-for-the-public>

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